

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HV600058**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>		<b>INCIDENT INFORMATION</b>	
NAME (LAST - FIRST - M.I.) <b>MALONE, REGINALD T</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <b>727 E 111TH ST</b> CITY <input checked="" type="checkbox"/> CHICAGO      STATE (if outside Chicago) <input type="checkbox"/> <b>LOCATION CODE</b> <b>280-POLICE FACILITY/VEH PARKING</b> <b>BEAT OF OCCURRENCE</b> <b>0531</b> <b>DATE OF OCCURRENCE</b> <b>TIME</b> <b>DAY OF WEEK</b> <b>13-DEC-2012</b> <b>07:45:00</b> <b>THURSDAY</b> <b>NO. OF OFFICERS BATTERED</b> <u>5</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>5</u>	
STAR NO. <b>17484</b>	POSITION <b>POLICE OFFICER</b>		
DATE OF APPOINTMENT <b>12-JUL-1999</b>	EMPLOYEE NO. <b>[REDACTED]</b>		
UNIT OF ASSIGNMENT <b>005</b>	BEAT/CALL NO. <b>0502C</b>		
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB <b>[REDACTED]</b>	
HEIGHT <b>604</b>	WEIGHT <b>120</b>		
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many?  PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <u>DETENTION LOCK UP</u>	
<b>TYPE OF ACTIVITY</b>			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER  <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN  <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input checked="" type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ DRIGINAL IUCR CODE _____		<b>FIREARM USE INFORMATION</b> (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<b>OFFENDER INFORMATION</b>			
SEX <input checked="" type="checkbox"/> 1. M	RACE <b>BLACK</b>	DOB <b>[REDACTED]</b>	
CB NO. <b>18557298</b>	IR NO. <b>2188581</b>		
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN  NO. OF OFFENDERS PRESENT? <u>1</u>			
<b>TYPE OF INJURY TO OFFICER</b>		<b>WEATHER CONDITIONS</b>	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW  <input type="checkbox"/> D. FOG / SMOKE / HAZE <input checked="" type="checkbox"/> G. OTHER <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSSWIND	
APPROXIMATE OUTDOOR TEMPERATURE: <u>40° F</u>   <b>100# 105898</b>			

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
MALONE, REGINALD T

STAR NO.  
17484

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
MOSTEK, CARLOS M

196